

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/			/		
4		/		/		
5	/			/		
6		/		/		
7	/			/		
8		/		/		
9	/			/		
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11	/			/		
12		/		/		
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14		/		/		
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19	/			/		
20	/			/		
21		/		/		
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23	/			/		
24		/		/		
25	/			/		
26		/		/		
27	/			/		
28	/		/			
29		28		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		02		/		
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42		2				
43		2				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.			32			
TOTAL CLAIMS			41			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS